

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	93200010		CI	TY OR TOW	N ORANGE	
APPLICATION FOR R	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: V	VHEELERVILLE	COMMUNITY	CLUB	INC.		
DOING BUSINESS A						
ADDRESS 698 EAST	MAIN ST.					
CITY/TOWN: ORAN	GE	STATE:	MA	ZIP CODE:	01364	
MANAGER: GALE,	RONALD D. TYP	E OF LICENSI	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICINO ONE ROOM ON FI I hereby certify and sweet 1. the renewed 2. the licensee	RST FLOOR. BAS	ES: SEMENT USES of perjury that: he same type for all laws of the C	FOR Por the san	ARTIES ne premises no wealth relating		
I	ndividual, Partner	or Authorized (Corporate	e Officer		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the	head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))			LOCAL LICE By:	NSING AUTHO	ORITY
DATE:			-			



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LICENSE NUN	MBER: 093200012		CITY OR TOW	N ORANGE
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
DOING BUSIN		NGE LODGE#1837 B.P.	O.E. OF U.S.A.IN	IC
CITY/TOWN:	ORANGE	STATE: MA	ZIP CODE:	01364
MANAGER:	SONGER, CHAD	TYPE OF LICENSE: Clu	ub	CATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
		ORY CONSISTING OF ' HOT WATER AND ST		ND KITCHEN. OUTDOOR PAVILLION
I hereby certify	and swear under penal	lties of perjury that:		
1. the 1	renewed license will be	e of the same type for the	same premises no	w licensed;
2. the l	licensee has complied v	with all laws of the Com	monwealth relating	g to taxes; and
3. the 1	premises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the hea	d of the fire depar	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
Please Check Belo	w:		LOCAL LICEN	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disupproved	·			
DATE:				
	DENEWAY NOVE	DV/ 1 (CE) (CE)		21 G X G X 120 A Z = 1
APPLICATION FOR	RENEWAL MUST BE FILED 1	BY LICENSEES DURING THE M	IONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 093200015		CITY OR TOWN	ORANGE	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TULLY CITY CO	UNCIL CLUB INC.			
DOING BUSINESS	A				
ADDRESS 365 TUI	LLY ROAD				
CITY/TOWN: OR	ANGE	STATE: MA	ZIP CODE:	01364	
MANAGER:	TYI	PE OF LICENSE: Cl	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
ONE STORY BLDC USED FOR STORA	G CONSISTING OF GE	A KITCHEN,LARG	E HALL AND RES	TROOMS. C	ELLAR
I hereby certify and s	swear under penalties	of perjury that:			
	ved license will be of	* *	-		
	see has complied with		_	to taxes; and	
3. the premi	ises are now open for	business (If not expl	ain below)		
CICNED DV					
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E MIMDED.	EMPLOME	D IDENTIFICAT	
		E NUMBER:	EMPLOYE	K IDENTIFICAT	ION NUMBER:
	TEELTION	E NUMBER:		dividual Social S	
Acts of 2004, signed	d, attest that we are d by the building in (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> In e certificate requir d of the fire depart	dividual Social S red by Chapto ment for the	er 304 of the above
Acts of 2004, signed named license and	d, attest that we are	in possession (1) the spector and the hea	(Note: <u>NOT</u> In e certificate requir d of the fire depart	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signer named license and of 2010. Please Check Below: APPROVED:	d, attest that we are	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc e certificate requir d of the fire depart arance required by	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are d by the building in (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc. e certificate required of the fire departed by LOCAL LICENS	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signer named license and of 2010. Please Check Below: APPROVED:	d, attest that we are d by the building in (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc. e certificate required of the fire departed by LOCAL LICENS	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are d by the building in (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc. e certificate required of the fire departed by LOCAL LICENS	dividual Social S ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 093200019		CITY OR TOWN	ORANGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ORIENTAL HOU	SE, INC.		
DOING BUSINESS	A ORIENTAL HO	USE CHINESE RES	ΓAURANT	
ADDRESS 46 WES	T ORANGE RD.			
CITY/TOWN: OR	ANGE	STATE: MA	ZIP CODE:	01364
	NG, KAM TY ING LAM	PE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
IN A ONE STORY			JSED FOR STORA	GE
I hereby certify and	•			ligangadı
		the same type for the all laws of the Com	•	
	•	business (If not expl	•	o taxes, and
	1	` 1		
SIGNED BY				
	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			LOCAL LICENS By:	SING AUTHORITY
APPROVED: DISAPPROVED:	in)			SING AUTHORITY
APPROVED:	ain)			SING AUTHORITY
APPROVED: DISAPPROVED:	ain)			SING AUTHORITY
APPROVED: DISAPPROVED:	ain)			SING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 093200020		CITY OR TOWN	ORANGE
APPLICATION	N FOR RENEWAL	.: Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ORANGE I	POST #172 AMER.LEG.BI	LDG.ASSN.INC.	
DOING BUSIN	NESS A AMERIC.	AN LEGION POST #172		
ADDRESS 40	DANIEL SHAYS	HIGHWAY		
CITY/TOWN:	ORANGE	STATE: MA	ZIP CODE:	01364
MANAGER:	HURTLE, DONALD J.	TYPE OF LICENSE: V	eterans club CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
-	N OF LICENSED I			
1 FLOOR WIT AND PATIO.	'H BANQUET HA	LL, KITCHEN, BAR, CLU	JBROOM, OFFICE/ST	TORAGE AREA
I hereby certify	and swear under p	enalties of perjury that:		
		ll be of the same type for the	e same premises now l	icensed;
		ied with all laws of the Com	=	
3. the	premises are now o	pen for business (If not exp	lain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corp	oorate Officer	
DATE:	TELI	EPHONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ding inspector and the heat icate of liquor liability ins	nd of the fire departm	ent for the above
Please Check Belo	ow:		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	capiaiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 093200022		CITY OR TOWN	ORANGE	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSIN		YS PKG STORE INC			
CITY/TOWN:		STATE: MA	ZIP CODE:	01364	
		TYPE OF LICENSE: Pa		ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PRI	EMISES:			
FIRST FLOOR	R OF A TWO STORY	BLDG			
I hereby certify	and swear under pena	alties of perjury that:			
		e of the same type for the	=		
2. the 1	licensee has complied	with all laws of the Com	monwealth relating to	taxes; and	
3. the 1	premises are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved					
, II	<u>.</u> /		-		
DATE:					
DATE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 093200023		CITY OR TOWN ORANG	E
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: ORANGE SI	UPERMARKET INC. GENERAL STORE		
ADDRESS 21	7 E MAIN ST			
CITY/TOWN:	ORANGE	STATE: MA	ZIP CODE: 01364	
MANAGER:	PATEL, YODENDRA	TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI R, CELLAR USED F			
	premises are now op	d with all laws of the Comen for business (If not exponent or Authorized Corp		d
	,	·		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	93200025		CI.	IY OR TOW	N ORANGE	
APPLICATION FOR R	ENEWAL:	Annua	al	LICE	ENSED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: K DOING BUSINESS A ADDRESS 00115A NE		IYA LIQUO	OR CORP.			
CITY/TOWN: ORANG		STATE:	MA	ZIP CODE:	01364	
MANAGER: KHATI,	MAIYA TYPE	OF LICENS	SE:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUR WEBS	SITE AND ENTED	VOUD EMAIL	ADDRESS		
DESCRIPTION OF LIC			TOOK EMAILE	IDDICESS		
ONE STORY BLDG CO TWO ENTRANCE AND BLDG TO BASEMENT	D EXIT. ONE LO					
2. the licensee h	license will be of the nas complied with a are now open for bu	e same type i	for the sam	wealth relating		
SIGNED BY	ndividual, Partner o	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE y:	NSING AUTHO	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 093200026		CITY OR TOWN	ORANGE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	STEPHEN M. BAK	ER			
DOING BUSINESS	A HIGHLAND SPIR	ITS			
ADDRESS 16 EAS	Γ MAIN STREET				
CITY/TOWN: OR	ANGE	STATE: MA	ZIP CODE:	01364	
MANAGER: BAK M.	KER, STEPHEN TYPI	E OF LICENSE: Pac	ekage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
	AGE STORE WITH C GE,REGISTER IN FR				
I hereby certify and	swear under penalties o	of perjury that:			
1. the renev	ved license will be of the	ne same type for the	same premises now	licensed;	
2. the licens	see has complied with a	all laws of the Com	nonwealth relating t	to taxes; and	
3. the prem	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO)DITV
APPROVED:			By:	mvo Ao IIIv	JKIT I
DISAPPROVED: [3 *		
(If disapproved expl	ain)				
DATE.					
DATE:					



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LICENSE NUI	MBER: 093200028		CITY OR TOWN ORAN	GE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: KISHU CORP.			
DOING BUSIN	NESS A BIG G'S MINI M	IART		
ADDRESS 426	6 EAST RIVER STREET			
CITY/TOWN:	ORANGE	STATE: MA	ZIP CODE: 01364	
MANAGER:	KHATI, KRISHNA TY	PE OF LICENSE: Pac	ckage Store CATEGOR	RY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
ONE-STORY,	BLDG. OF ONE ROOM	WITH ONE MAIN &	& 2 EMERGENCY EXITS.	
1. the 2. the		the same type for the	e same premises now licensed monwealth relating to taxes; a ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIF	
Please Check Belo APPROVED: DISAPPROVE	ED:		LOCAL LICENSING AU By:	THORITY
(If disapproved	i explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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LICENSE NUMBER	:093200040		CITY OR TO	WN ORANGE	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Herrick's Inc				
DOING BUSINESS	A Herrick's Tavern	I			
ADDRESS 207 DAN	TIEL SHAYS HIGH	łWAY			
CITY/TOWN: ORA	NGE	STATE: MA	ZIP CODI	E: 01364	
MANAGER: COLO	O,KEVIN W. TY	PE OF LICENSE: RO	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
ONE-STORY STRUCTURE DANIEL SHAY HIG		VITH FRONT AND	REAR EXI TS 1	LOCATED AT 2	07
I hereby certify and sy	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	f the same type for th	e same premises	now licensed;	
2. the license	e has complied with	h all laws of the Com	nmonwealth relat	ing to taxes; and	
3. the premis	ses are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual Partne	er or Authorized Corp	orate Officer		
	marviduai, i artiic	1 of Authorized Corp	orate officer		
DATE:	TEI EDUON	NE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TELEFIION	NE NOMBER.		<u>T</u> Individual Social	
*** 41 1	1 44 441 4	• (4) (1	1 400 4	. 11 61	4 204 641
We the undersigned Acts of 2004, signed					
named license and (of 2010.					
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY !	LICENSEES DURING THE	MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093	200042		CITY OR TO)WN ORANGE	
APPLICATION FOR REI	NEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: TEA	A HOUSE, INC.				
DOING BUSINESS A					
ADDRESS 326 EAST MA	AIN ST				
CITY/TOWN: ORANGE	Ξ	STATE: MA	ZIP COD	DE: 01364	
MANAGER: SO, HUNG	G KAN TYPI	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEI	SSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF LICE					
TWO STORY STRUCTU AN APARTMENT ON T		Γ DOWN RESTAU	JRANT ON TH	HE FIRST FLOOF	R AND
T1 1 20 1	1 1.1	C			
I hereby certify and swear	•	or perjury that: ne same type for the	s came premise	s now licensed:	
		all laws of the Com	_		
		ousiness (If not exp		ung to taxes, and	
	1				
SIGNED BY					
Ind	ividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICA	
			(Note: Note:	OT Individual Social	Security Number)
We the undersigned, att	est that we are i	n possession (1) th	ne certificate r	equired by Chap	ter 304 of the
Acts of 2004, signed by t				_	
named license and (2) the of 2010.	ie certificate of i	iquor nabinty insi	irance require	eu by Chapter 11	o of the Acts
Please Check Below:			LOCALLI	CENSING AUTH	IORITY
APPROVED:			By:	CLINDING TIC III	
DISAPPROVED:			•		
(If disapproved explain)					
DATE:					
DIME.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	093200044		CITY OR TO	WN ORANGE	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 167 DAN					
CITY/TOWN: ORA	NGE	STATE: MA	ZIP CODI	E: 01364	
MANAGER: Blevin	s, Linda T	YPE OF LICENSE: Pac	kage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF L ONE STORY STRUC TWO EXIT DOOR IN	TURE APPROX	3600 SQ. FT. ONE DO	OUBLE DOOR	AT ENTRANCE	E AND
2. the license	e has complied wi	of the same type for the th all laws of the Commor business (If not explain er or Authorized Corpo	nonwealth relat		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC	CENSING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 0932	200046		Cľ	TY OR TOW	N ORANGE	
APPLICATION FOR REN	NEWAL:	Annual		LIC	ENSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: ORA	ANGE GUN CI	LUB, INC.				
DOING BUSINESS A OF	RANGE GUN C	CLUB				
ADDRESS WEST R IVE	R STREET					
CITY/TOWN: ORANGE	<u> </u>	STATE: N	ÍΑ	ZIP CODE:	01364	
MANAGER: KOVALSI MARK	CK, TYP	PE OF LICENSE	:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WE	EBSITE AND ENTER YO	UR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
NON PROFIT SPORTING ROOM; KITCHEN AREA				AND ONE I	FRONT EXIT; I	BACK
I hereby certify and swear	under penalties	of perjury that:				
1. the renewed lice	ense will be of	the same type for	the san	ne premises n	ow licensed;	
2. the licensee has	complied with	all laws of the C	ommon	wealth relatir	ng to taxes; and	
3. the premises are	e now open for	business (If not e	explain b	pelow)		
SIGNED BY						
Indi	ividual, Partner	or Authorized Co	orporate	Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICA	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, atto Acts of 2004, signed by t named license and (2) the of 2010.	he building ins	spector and the l	head of	the fire dep	artment for the	e above
Please Check Below:			L	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED:						
(If disapproved explain)			_			
			=			
DATE:			=			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	3200052		CITY (OR TOWN	N ORANG	jΕ
APPLICATION FOR RI	ENEWAL:	Annual		LICE	NSED FOR	R 2013
		CLASS				YEAR
LICENSEE NAME: R DOING BUSINESS A ADDRESS 22 SOUTH 1						
CITY/TOWN: ORANG		STATE: MA	ZIE	CODE:	01364	
MANAGER: CUTTER		OF LICENSE: Go				Y: All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDR	ESS		
DESCRIPTION OF LIC 1200 SQ.FT BRICK BL		S:				
2. the licensee h	icense will be of the as complied with al are now open for bu	e same type for the laws of the Com	monweal	th relating		
SIGNED BY	dividual, Partner or	· Authorized Corp	oorate Off	ïcer		
DATE:	TELEPHONE	NUMBER:	(N			CATION NUMBER:
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building inspe	ector and the hea	d of the	fire depai	tment for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	AL LICEN	ISING AUT	THORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	ABER: 093200053		CHY	JK TOWN	UKANGE	
APPLICATION	FOR RENEWAL:	Annual		LICE	NSED FOR 20)13
		CLASS				YEAR
LICENSEE NA	ME: STEPHEN P. JO	HNSON				
DOING BUSIN	IESS A JOHNSON'S FA	ARM				
ADDRESS 210	WHEELER AVENUE					
CITY/TOWN:	ORANGE	STATE: MA	ZIF	CODE:	01364	
	JOHNSON, TY STEPHEN	YPE OF LICENSE:Re	staurant	(CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDR	ESS		
-	OF LICENSED PREM					
	Γ FAMILYSTYLE WIT					
	and swear under penaltic	1 0 0				
	enewed license will be o	• •	•			
	icensee has complied wi premises are now open for			_	to taxes; and	
5. the p	remises are now open re	or business (II not expi	ani ociov	w)		
SIGNED BY						
SIGNED D1	Individual, Partne	er or Authorized Corp	orate Off	icer		
			Г			
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	ER IDENTIFICAT	ION NUMBER:
			(N	Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004, s	signed, attest that we arigned by the building i and (2) the certificate (nspector and the hea	d of the	fire depar	tment for the	above
Please Check Below	<u>w:</u>		LOC	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	expiain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	093200054	C	CITY OR TOWN	ORANGE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME:	MILFORD CLOUKI	EY			
DOING BUSINESS A	MIKE'S PLACE				
ADDRESS 81 EAST	RIVER STREET				
CITY/TOWN: ORAN	NGE	STATE: MA	ZIP CODE:	01364	
MANAGER: CLOU	KEY, MIKE TYPE	OF LICENSE: Generation of the premise of the premis		ATEGORY: All	Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:			
24X48 AND 24X24 S PATIOALSO INCL ONE ACRE WITH PA	UDED SERVICE FF	OM THE BACK OF			
I hereby certify and sw	ear under penalties o	f perjury that:			
1. the renewed	d license will be of the	e same type for the sa	me premises now	licensed;	
2. the licensee	has complied with a	ll laws of the Commo	nwealth relating to	o taxes; and	
3. the premise	es are now open for bu	usiness (If not explain	below)		
SIGNED BY	Individual, Partner o	r Authorized Corpora	te Officer		
DATE:			EMPLOYED		HIMDED.
DATE.	TELEPHONE	NUMBER:		R IDENTIFICATION N lividual Social Security	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head o	f the fire departı	ment for the abov	e
Please Check Below:			LOCAL LICENS	SING AUTHORIT	Y
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	1)				
					<u></u>
DATE:					
DATE.					



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LICENSE NU	MBER: 093200055		CITY OR TOWN ORAN	GE
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N.	AME: DAFNI YIA	ANTSIDIS		
DOING BUSI	NESS A FIRESIDE	BAR & GRILL		
ADDRESS 43	5 EAST MAIN STR	REET		
CITY/TOWN:	ORANGE	STATE: MA	A ZIP CODE: 01364	ļ
MANAGER:	YIANTSIDIS, DAFNI	TYPE OF LICENSE:	Restaurant CATEGO:	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE STORY	STRUCTURE/RES	TAURANT WITH EAT I	IN DINIG ROOM	
I hereby certify	y and swear under po	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for t	he same premises now licensed	l;
2. the	licensee has compli	ed with all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now of	pen for business (If not ex	plain below)	
SIGNED BY	Individual,	Partner or Authorized Cor	rporate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIF	
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by Clead of the fire department for surance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FII	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)